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containers; 13 cisterns rendered mosquito proof; 31 wells, 14 cisterns, 8 tanks, and 50 barrels stocked with silverside minnows. Cock and force arrived 10th; MacGregor between Benavides and Corpus Christi. Maximum temperature, 95°; rainfall, 2.95 inches. New Laredo reports, September 5 to 10, 3,314 domiciliary visits; 144 containers emptied and 80 oiled; 68 ponds oiled, and 19 lots cleared of rubbish.

INSPECTION SERVICE, MEXICAN BORDER.

Inspection at Nogales, Ariz.

Acting Assistant Surgeon Gustetter reports as follows: Week ended September 3, 1904. Passengers inspected, 186; immigrants inspected, 34; immigrants deported, 4.

Inspection at Eagle Pass, Tex.

Acting Assistant Surgeon Hume reports as follows:

	Week ended Sept. 3.
Persons inspected	362
Persons held	0
Pullman cars fumigated	7

Bags Pullman linen fumigated, 35.

Inspected on footbridge, 3,907 persons. Returned by State quarantine officer—by train, 6; by bridge, 19.

Inspection at Laredo, Tex.

Acting Assistant Surgeon Hamilton reports, through Assistant Surgeon Berry, as follows:

Week ended August 27, 1904: Passenger trains from Mexico inspected, 14; persons on trains from Mexico inspected, 452; immigrants on trains from Mexico inspected, 5; Pullman coaches disinfected, 14; private coaches disinfected, 1; persons refused entry for not complying with State quarantine regulations, 7; persons detained in detention camp, 6; persons inspected and entered via international foot and carriage bridge, 3,332; persons presenting at international foot and carriage bridge refused entry, 15.

Week ended September 3, 1904: Passenger trains from Mexico inspected, 14; persons on passenger trains from Mexico inspected, 498; immigrants on passenger trains from Mexico inspected, 35; immigrants vaccinated upon entry, 2; persons refused entry for not complying with State quarantine regulations, 9; persons detained in detention camp, 3; Pullman coaches disinfected, 15; persons inspected and entered via international foot and carriage bridge, 3,416; persons presenting at international foot and carriage bridge refused entry, 26.

Statistical reports of States and cities of the United States—Yearly and monthly.

CALIFORNIA—*Fresno*.—Month of August, 1904. Estimated population, 18,000. Total number of deaths, 26, including enteric fever 1, and 1 from tuberculosis.

San Francisco.—Month of July, 1904. Estimated population, 475,000. Total number of deaths, 569, including diphtheria 4, enteric fever 7, measles 1, whooping cough 2, and 79 from tuberculosis.

Stockton.—Month of August, 1904. Estimated population, 20,000. Total number of deaths, 12, including diphtheria 1, and 1 from tuberculosis.

GEORGIA—*Columbus*.—Month of August, 1904. Estimated population, 19,303—white, 10,276; colored, 9,027. Total number of deaths, 32; white 8, colored 24, including enteric fever 1, and 3 from phthisis pulmonalis.

Macon.—Month of August, 1904. Estimated population, 35,000—white, 19,000; colored, 16,000. Total number of deaths, 27; white 10, colored 17, including enteric fever 2, and 3 from phthisis pulmonalis.

ILLINOIS—*Peoria*.—Month of August, 1904. Census population, 56,100. Total number of deaths, 70, including diphtheria 2, enteric fever 4, and 5 from tuberculosis.

IOWA—*Ottumwa*.—Month of August, 1904. Estimated population, 23,000. Total number of deaths, 22, including diphtheria 1, enteric fever 1, scarlet fever 1, and 2 from tuberculosis.

LOUISIANA—*Baton Rouge*.—Month of August, 1904. Estimated population, 15,000. Total number of deaths, 28, including enteric fever 1, and 4 from tuberculosis.

MASSACHUSETTS—*Newton*.—Month of August, 1904. Estimated population, 39,310. Total number of deaths, 44, including 4 from tuberculosis.

MICHIGAN.—Reports to the State board of health, Lansing, for the week ended September 3, 1904, from 74 observers, indicate that diphtheria and smallpox were more than usually prevalent, and influenza, intermittent fever, pleuritis, scarlet fever, remittent fever, whooping cough, puerperal fever, and meningitis were less than usually prevalent.

Meningitis was reported present at 5, pneumonia at 10, whooping cough at 12, measles at 15, scarlet fever at 29, diphtheria at 34, smallpox at 42, enteric fever at 93, and phthisis pulmonalis at 287 places.

MONTANA—*Helena*.—Month of August, 1904. Estimated population, 13,000. Number of deaths not reported. No contagious disease reported.

NEW HAMPSHIRE—*Concord*.—Month of August, 1904. Estimated population, 20,000. Total number of deaths, 30, including enteric fever 1, and 2 from tuberculosis.

NEW YORK.—Reports to the State board of health, Albany, for the month of July, 1904, from 156 cities, towns, and villages, having an aggregate population of 7,746,500, show a total of 12,061 deaths, including diphtheria 207, enteric fever 124, measles 71, scarlet fever 52, whooping cough 32, smallpox 1, and 1,146 from phthisis pulmonalis.

The MONTHLY BULLETIN says:

This month follows one which is almost the healthiest in the year in this State, having next to November the lowest mortality of any month in the year. July on the other hand has uniformly the highest death rate of the year. With an average June mortality of 9,500, that of July is 11,500. This abrupt increase is in four classes of causes of death; those from acute diarrheal diseases, chiefly, and from diseases of the digestive and nervous systems, and from accidents and violence. These more than account for it, since other infectious diseases are lessened in their mortality and there is a considerable decrease in all acute respiratory diseases.

The infant mortality is always at its highest in July. Of 35,660 deaths under 5 years of age in the year, 4,380 occurred in July—the average of the past five years, or over 13 per cent. During the past ten years there has been a large decrease in deaths at this age. Prior to 1895 these deaths were never less than 50 per cent of the total in July; since, they have steadily decreased each year, and for the last three years have been but 35 per cent of the deaths at all ages. This year, however, there has been an increase even beyond the records of earlier years, 53 per cent of the deaths of the current month having occurred under the age of 5 years; the 6,367 deaths exceeding the number of any former year except 1892, when nearly 7,000 deaths occurred. Of these, 3,534 were under 1 year of age and 2,833 between 1 and 5 years of age. This excessive mortality was largely in New York City, where 5,000 deaths, or 70 per cent of the total, were under 5 years of age.

Acute diarrheal diseases caused about 2,500 deaths under 5 years of age, an increase of 2,000 over June. It has been in this class of diseases that the saving in infant mortality in recent years has occurred chiefly. Prior to 1897 the diarrheal deaths in July were always in excess of 3,000; since then but little above 2,000. This year's record has been kept only of deaths from this cause occurring under 5 years of age. They, however, practically include all the acute diarrheal mortality, since there were but 70 deaths above these ages reported in 4,000 deaths from all causes, or probably 200 in the entire State, and most of these occurred at advanced age. About half of the 70 were returned from dysentery, and the rest from entero-colitis and cholera morbus. Of the infant deaths, cholera infantum is given as the cause of death in fully one-third of the cases, and the rest as enteritis, entero-colitis, with a few simply returned as summer diarrhea. The diarrheal deaths were from 27 per cent of all deaths in the maritime district to 4 per cent in the Adirondack and northern, and constituted one-fifth of the month's mortality.

Smallpox, during the month, has occurred chiefly in Yates County, with Dresden as a center, and in several towns in Washington and Warren counties, with a few cases, generally single ones, at other points. At both of these central points it was imported from without the State, and from both it has been distributed elsewhere.

Guide to the diagnosis of smallpox.—Although it is six years since smallpox of the mild abortive type has prevailed all over this State, and medical literature has abounded in descriptions of it and its variations from the accepted type of the textbooks, we still meet with frequent failure in its recognition. Why is it so generally mild, and even after the lapse of years of domestication continues to generally breed true to the type, is less important than to accept the fact that it is smallpox; and it is certain that it is, because it is an infectious disease to which those who have had smallpox or effective vaccination are immune; it has the general characteristics of smallpox; and it sometimes communicates unmodified smallpox. Being mild it is overlooked, and persons having it, unconsciously, carry it from place to place, spreading it throughout a community, so that it stays there a long time unrecognized, or transport it to other localities. But it is largely because medical men overlook it that it fails of recognition.

Occasionally cases will occur in which the diagnosis is uncertain, and in all such there should be a quarantine until the doubt is settled, as it can be in a few days. Disregarding the fanciful or common-place names which are given it, which almost always a little reflection will cause to be rejected, as, for instance, scabies or impetigo and like diseases that never prevail epidemically in the fashion of this disease, as a moderate knowledge of them will show, the chief trouble is with the diagnosis of it from chicken pox. The following simple aids to diagnosis were printed in 1899 and sent to health officers, and it is still timely to reprint them here, since from time to time the need of them develops even yet:

"Note these data to aid you in diagnosis: If an adult; if the initial fever is marked and lasts three days, subsiding as the eruption appears; if the eruption comes first on the face and is most abundant there; and if there is any induration of the lesion, as of a papule having become vesicular, all of these or any modification of them are quite conclusive of smallpox.

No adult should be allowed at large with an eruption thought to be that of chicken pox; no case of vesicular exanthem, preceded by marked fever, though the fever may have no characteristics differing from that of a severe or mild cold; no vesicular eruption so starting and coming mostly on the face, wrists (and frequently on the palms) is likely to be anything but smallpox; and if there is any induration of the base of vesicular lesions appreciable to touch with the tip of the finger, all of these are to be held as conclusive symptoms. In every case give the benefit of doubt to the public, for there will be some cases in which diagnosis will, for a little time, be difficult. Where several cases have occurred the difficulties of diagnosis will be lessened.

Saratoga Springs.—Month of August, 1904. Estimated population, 12,119. Total number of deaths, 30, including 2 from enteric fever.

NORTH CAROLINA—*Charlotte*.—Month of August, 1904. Estimated population, 30,000. Total number of deaths, 31, including enteric fever 1, whooping cough 1, and 5 from tuberculosis.

PENNSYLVANIA—*Altoona*.—Month of August, 1904. Census population, 38,973. Total number of deaths, 81, including enteric fever 2, and 6 from tuberculosis.

Columbia.—Month of August, 1904. Estimated population, 12,832. Total number of deaths, 21, including enteric fever 3, and 2 from tuberculosis.

Dunmore.—Month of August, 1904. Estimated population, 15,000. Total number of deaths, 22, including 1 from tuberculosis.

VIRGINIA—*Richmond*.—Month of August, 1904. Estimated population, 100,000; white, 62,250; colored, 37,750. Total number of deaths, 128; white 62, colored 66, including enteric fever 7, and 18 from tuberculosis.